

**Fill in this information to identify the case:**

Debtor Industrial Food Truck, LLC

United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA

Case number 20-13275AMC11v  
(if known)

Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
<b>2.1</b>	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$6,600.00 \$6,600.00
I.R.S.	P.O. Box 7346	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Philadelphia	PA 19101-7346	Basis for the claim: Taxes	
Date or dates debt was incurred	17-20	Is the claim subject to offset?	
Last 4 digits of account number	_____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>8</u> )			

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**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

**Amount of claim**

<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$4,000.00</b>
<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<u>1 Stop Wraps</u> <u>1525 Prospect Street</u> <u>Unit 602</u>		<b>Basis for the claim:</b>	<u>Vendor</u>
<u>Lakewood</u> <u>NJ</u> <u>08701</u>		<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<u>Date or dates debt was incurred</u>			
<u>Last 4 digits of account number</u>			
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$250.00</b>
<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<u>American Express</u> <u>200 Vasey Street</u>		<b>Basis for the claim:</b>	<u>Vendor</u>
<u>NY</u> <u>NY</u> <u>10291</u>		<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<u>Date or dates debt was incurred</u>			
<u>Last 4 digits of account number</u>			
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$0.00</b>
<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<u>Autoparts International</u> <u>1201 S 32nd Street</u>		<b>Basis for the claim:</b>	<u> </u>
<u>Philadelphia</u> <u>PA</u> <u>19145</u>		<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<u>Date or dates debt was incurred</u>			
<u>Last 4 digits of account number</u>			
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$1,000.00</b>
<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<u>Central Restaurant Products</u> <u>7750 Georgetown Rd</u>		<b>Basis for the claim:</b>	<u>Vendor</u>
<u>Indianapolis</u> <u>IN</u> <u>46268</u>		<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<u>Date or dates debt was incurred</u>			
<u>Last 4 digits of account number</u>			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.5</b>	Nonpriority creditor's name and mailing address  <u>Chase Ink Card</u> <u>PO Box 6185</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$25,000.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Westerville</u> <u>OH</u> <u>43086</u>		
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
<b>3.6</b>	Nonpriority creditor's name and mailing address  <u>Cintas</u> <u>4700 Jefferson Street</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,000.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Philadelphia</u> <u>PA</u> <u>19131</u>		
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
<b>3.7</b>	Nonpriority creditor's name and mailing address  <u>Citizens One</u> <u>One Citizens Way</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$48,000.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Johnston</u> <u>RI</u> <u>02919</u>		
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
<b>3.8</b>	Nonpriority creditor's name and mailing address  <u>COMCAST</u> <u>PO BOX 58203</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,851.42</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>cincinnati</u> <u>OH</u> <u>45258</u>	<u>Internet Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

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Amount of claim

<b>3.9</b>	Nonpriority creditor's name and mailing address  <u>COMCAST</u> <u>PO BOX 37601</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,500.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Phone Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
<b>3.10</b>	Nonpriority creditor's name and mailing address  <u>Cummins Sales &amp; sERVICE</u> <u>41-45 Doremus Ave</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$15,000.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Vendor</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
<b>3.11</b>	Nonpriority creditor's name and mailing address  <u>Diamond Tool</u> <u>2800 Grays Ferry Ave</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$165,000.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Vendor</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
<b>3.12</b>	Nonpriority creditor's name and mailing address  <u>DMP Automation</u> <u>22 Westbury Drive</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,500.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Vendor</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

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Amount of claim

<b>3.13</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Ecolab</u> <u>1 Scott Way</u> <u>Philadelphia PA 19116</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>
		<b>Basis for the claim:</b> <u>Is the claim subject to offset?</u>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
<b>3.14</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Eric Groves,Esquire</u> <u>Groves &amp; Associates</u> <u>The Atrium</u> <u>3601 N Classen Blvd</u> <u>Suite 207 Oklahoma City OK 73118</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>
		<b>Basis for the claim:</b> <u>Legal fees</u>	
		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
<b>3.15</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Filter Man</u> <u>7330 Tulip Street</u> <u>Philadelphia PA 19136</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$700.00</b>
		<b>Basis for the claim:</b> <u>Is the claim subject to offset?</u>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
<b>3.16</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Flame King</u> <u>14111 S Kingsley Drive</u> <u>Gardena CA 90249</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$700.00</b>
		<b>Basis for the claim:</b> <u>Vendor</u>	
		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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**Amount of claim**

3.17	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	\$78,000.00
<u>Fran Fassberg</u>		<input type="checkbox"/> Contingent		
<u>702 Essex Court</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		<b>Basis for the claim:</b>		
		<b>MeMBER/SHAREHOLDER</b>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
Last 4 digits of account number		<input type="checkbox"/> Yes		
<b>loans to the business to keep it operating</b>				
3.18	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	\$1,000.00
<u>Gannon Insurance</u>		<input type="checkbox"/> Contingent		
<u>6505 Frankfort Ave</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		<b>Basis for the claim:</b>		
		<b>PrEMIUMS</b>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
Last 4 digits of account number		<input type="checkbox"/> Yes		
3.19	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	\$60,000.00
<u>Gary Koppelman</u>		<input type="checkbox"/> Contingent		
<u>111 West Norris Street</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		<b>Basis for the claim:</b>		
		<b>MeMBER/Shareholder</b>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
Last 4 digits of account number		<input type="checkbox"/> Yes		
3.20	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	\$700.00
<u>Gas Pro</u>		<input type="checkbox"/> Contingent		
<u>1336-46 Warfield Street</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		<b>Basis for the claim:</b>		
		<b>Vendor</b>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
Last 4 digits of account number		<input type="checkbox"/> Yes		

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Amount of claim

<b>3.21</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Gold Medal Environmental</u> <u>1770 Hurfville Rd</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,000.00</b>
<hr/>		<b>Basis for the claim:</b> <u>Vendor</u>	<hr/>
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>Grays Realty LLC</u> <u>42 West 39th Street</u>	<b>\$40,000.00</b>
<hr/>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<hr/>		<b>Basis for the claim:</b> <u>LaNDLORTD LEASE</u>	<hr/>
<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>Guard Insurance</u> <u>PO BOX AH</u>	<b>\$400.00</b>
<hr/>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<hr/>		<b>Basis for the claim:</b>	<hr/>
<u>Wilkes Barre</u> <u>PA</u> <u>18703-0020</u>		<b>Is the claim subject to offset?</b>	
<hr/>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>I.R.S.</u> <u>P.O. Box 7346</u>	<b>\$4,040.00</b>
<hr/>		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<hr/>		<b>Basis for the claim:</b> <u>Taxes</u>	<hr/>
<u>Philadelphia</u> <u>PA</u> <u>19101-7346</u>		<b>Is the claim subject to offset?</b>	
<hr/>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>2016/2017</u>	
<hr/>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

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Amount of claim

<b>3.25</b>	Nonpriority creditor's name and mailing address  <u>Integrity Stainless Inc</u> <u>101 Stainless INC</u> <u>161 Devereaux Drive</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$15,000.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Basis for the claim:			
<u>Latrobe PA 15650</u>			
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.26</b>	Nonpriority creditor's name and mailing address  <u>Invision Security</u> <u>1008 N Ninth Ave</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$400.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Basis for the claim:			
<u>King of Prussia PA 19406</u>			
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.27</b>	Nonpriority creditor's name and mailing address  <u>IPFS</u> <u>3300 RDU Center Drive</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$5,000.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Basis for the claim:			
<u>Morrisville NC 27560</u>			
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.28</b>	Nonpriority creditor's name and mailing address  <u>J&amp;K Trash Removal</u> <u>Po Box 254</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$500.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Basis for the claim:			
<u>Gradysville PA 19039</u>			
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

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Amount of claim

<b>3.29</b>	<b>Nonpriority creditor's name and mailing address</b> <u>J&amp;S Fire</u> <hr/> <hr/> <hr/>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,000.00</b>
		<b>Basis for the claim:</b> <hr/>	
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b>	
<b>Last 4 digits of account number</b> _____		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.30</b>		<b>Nonpriority creditor's name and mailing address</b> <u>JA Cunningham Equipment INC</u> <u>2025 Trenton Ave</u> <hr/> <hr/> <hr/>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>Basis for the claim:</b> <u>Contract</u>	<b>\$2,085.06</b>
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b>	
<b>Last 4 digits of account number</b> _____		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.31</b>		<b>Nonpriority creditor's name and mailing address</b> <u>KDK Properties</u> <u>199 Millers Lane</u> <hr/> <hr/> <hr/>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>Basis for the claim:</b> <u>Rent ELECTRICAL</u>	<b>\$12,000.00</b>
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b>	
<b>Last 4 digits of account number</b> _____		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.32</b>		<b>Nonpriority creditor's name and mailing address</b> <u>Kiamichi Technology Center</u> <u>C/o John Moyer, Esquire</u> <u>Rosenstein Fist &amp; Ringold</u> <u>525 S Main Suite 700</u> <hr/> <hr/> <hr/>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<b>Basis for the claim:</b> <u>Lawsuit</u>	<b>Unknown</b>
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b>	
<b>Last 4 digits of account number</b> _____		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

<b>3.33</b>	Nonpriority creditor's name and mailing address  <u>Legions Kitchen Supply</u> <u>8350 Hegeman Street</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,000.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Vendor</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
<b>3.34</b> Nonpriority creditor's name and mailing address  <u>Lenora Spina</u> <u>114Belle Arbor Drive</u>			
		As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$8,000.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Loan</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
<b>3.35</b> Nonpriority creditor's name and mailing address  <u>LVNV Funding</u> <u>PO box 10497</u>			
		As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$569.21</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Wex Bankj</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>2018</u>	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
<b>3.36</b> Nonpriority creditor's name and mailing address  <u>McMaster -Carr</u> <u>200 Aurora Industrial Parkway</u>			
		As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,000.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Vendor</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

Debtor Industrial Food Truck, LLC

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## **Part 2: Additional Page**

**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.**

**Amount of claim**

3.37	Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is: Check all that apply.	\$2,083.84
<u>Metal Stock, Inc</u>			<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
<u>4901 Cottman Avenue</u>					
<u>Philadelphia PA 19135</u>			<u>Basis for the claim:</u> <u>Contract</u>		
Date or dates debt was incurred			Is the claim subject to offset?		
<u>Last 4 digits of account number</u>			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<u>6 6 0 1</u>					
3.38	Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is: Check all that apply.	\$2,994.67
<u>Mobile Mini Solutions</u>			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<u>Po Box 650882</u>			<u>Basis for the claim:</u> <u>Vendor</u>		
<u>Dallas TX 75265-0082</u>					
Date or dates debt was incurred			Is the claim subject to offset?		
<u>Last 4 digits of account number</u>			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<u>5 8 5 1</u>					
3.39	Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is: Check all that apply.	\$0.00
<u>nandnndndn</u>			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
			<u>Basis for the claim:</u> <u>Accounting Service</u>		
<u>Date or dates debt was incurred</u>			Is the claim subject to offset?		
<u>Last 4 digits of account number</u>			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<u>-----</u>					
3.40	Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is: Check all that apply.	\$600.00
<u>National General Insurance</u>			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<u>PO BOX 3199</u>			<u>Basis for the claim:</u> <u>Vendor</u>		
<u>Winston-Salem NC 27107</u>					
Date or dates debt was incurred			Is the claim subject to offset?		
<u>Last 4 digits of account number</u>			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<u>-----</u>					

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Amount of claim

<b>3.41</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Nordon</u> <u>1 CABOT Boulevard East</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$59,356.00</b>
		<b>Basis for the claim:</b> <u>Langhorne PA 19047</u>	<b>Vendor</b>
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Last 4 digits of account number</b> _____			
<b>3.42</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Portables360</u> <u>15 Brookwood Lane</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$875.00</b>
		<b>Basis for the claim:</b> <u>Weston CT 06883</u>	<b>RentAL INVOICE</b>
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Last 4 digits of account number</b> <u>0 6 5 1</u>			
<b>3.43</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Savoeun Son</u> <u>506 Saint Michael Drive</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b>
		<b>Basis for the claim:</b> <u>Philadelphia PA 19148</u>	<b>Contract</b>
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Last 4 digits of account number</b> <u>1 1 8 9</u>			
<b>DEFAULT JUDGMENT ENTERED JULY 15, 2020</b> <b>IMPROPER SERVICE ALLEGED BY DEBTOR WHO RESERVES RIGHTS IN THE CIVIL ACTION</b>			
<b>3.44</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Sierra Pacific Engineering and Products</u> <u>PO Box 102056</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,015.02</b>
		<b>Basis for the claim:</b> <u>Pasadena CA 91189-2056</u>	<b>Supplies/Vendor</b>
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Last 4 digits of account number</b> <u>2 5 3 8</u>			

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Amount of claim

<b>3.45</b>	Nonpriority creditor's name and mailing address  <u>TD Bank</u> <u>Attn: Jennifer Zimmerman, AVP</u> <u>6000 Atrium Way</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$2,800.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Overdrawn account</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
 <b>3.46</b>		Nonpriority creditor's name and mailing address  <u>TD Bank</u> <u>Attn: Jennifer Zimmerman, AVP</u> <u>6000 Atrium Way</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>
		<input type="checkbox"/> Contingent	<b>\$4,500.00</b>
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Overdrawn account</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
 <b>3.47</b>		Nonpriority creditor's name and mailing address  <u>Termac Corporation</u> <u>7880 Tulip Street</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>
		<input type="checkbox"/> Contingent	<b>\$1,995.21</b>
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Equip lease</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
 <b>3.48</b>		Nonpriority creditor's name and mailing address  <u>Thomas &amp; Julie Pauly</u> <u>187 Maplewood ave</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>
		<input type="checkbox"/> Contingent	<b>\$0.00</b>
		<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Contract</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
 <u>Maplewood</u>		<u>NJ</u> <u>07040</u>	

Debtor Industrial Food Truck, LLC

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Amount of claim

<b>3.49</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Valorie Sosonkin</u> <u>29 Banbury Court</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,000.00</b>	
		<b>Basis for the claim:</b> <u>Contract/REFUND BALANCE</u>		
<b>Holland</b> <b>PA</b> <b>18966</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Date or dates debt was incurred</b> _____				
<b>Last 4 digits of account number</b> _____				
<b>3.50</b>		<b>Nonpriority creditor's name and mailing address</b> <u>Vineland Syrup</u> <u>PO Box 1326</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$700.00</b>
		<b>Basis for the claim:</b> <u>ICE MACHINE VENDOR /RENTAL</u>		
<b>Vineland</b> <b>NJ</b> <b>08362-1326</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Date or dates debt was incurred</b> _____				
<b>Last 4 digits of account number</b> <u>3 7 0 0</u>				
<b>3.51</b>		<b>Nonpriority creditor's name and mailing address</b> <u>West Philadelphia Financial Services Ins</u> <u>5200 Warren Street</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$18,500.00</b>
		<b>Basis for the claim:</b> <u>Loan</u>		
<b>Philadelphia</b> <b>PA</b> <b>19131</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Date or dates debt was incurred</b> <u>7/27/20</u>				
<b>Last 4 digits of account number</b> _____				
<b>matures july 24, 2023 INTERST ONLY FOR 8 MONTHS</b> <b>THEN \$626.73 MONTHLY THEREAFTER</b>				
<b>3.52</b>		<b>Nonpriority creditor's name and mailing address</b> <u>WestGuard Insurance</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>
		<b>Basis for the claim:</b>		
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b>		
<b>Last 4 digits of account number</b> _____		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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**Amount of claim**

3.53	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$34,000.00
<u>Williams Scotsman, Inc.</u> <u>901 S Bond Street</u>		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
<u>Baltimore</u> <u>MD</u> <u>21231-3357</u>		<b>Basis for the claim:</b> <u>Rental Equipment</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
<u>2020</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number		<u>6</u> <u>2</u> <u>5</u> <u>9</u>		
3.54		Nonpriority creditor's name and mailing address		\$2,500.00
<u>YCH Architect LLC</u> <u>1823 Spring Garden Street</u>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		<b>Basis for the claim:</b>		
<u>Philadelphia</u> <u>PA</u> <u>19130</u>				
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number				

Debtor Industrial Food Truck, LLC

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**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
<u>4.1 Brian Blatstein Esq.</u> <u>2711 Comley Road</u>  <u>Philadelphia PA 19154</u>	Line _____	<u>e s c u</u>
	<input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	
<u>4.2 Daniel Devlin, Esquire</u> <u>1219 Spruce Street</u>  <u>Philadelphia PA 19107</u>	Line _____	<u>1 1 8 9</u>
	<input checked="" type="checkbox"/> Not listed. Explain: <b>Savoeun Son</b>	
<u>4.3 Daniel Wechsler, Esquire</u> <u>Amato &amp; Keating PC</u> <u>107 N Commerce Way</u>  <u>Bethlehem PA 18017</u>	Line _____	<u>6 6 0 1</u>
	<input checked="" type="checkbox"/> Not listed. Explain: <b>MeTAL STOCK, INC</b>	
<u>4.4 David Lee</u> <u>2 Regency Drive</u>  <u>Voorhees NJ 08043</u>	Line _____	_____
	<input checked="" type="checkbox"/> Not listed. Explain: <b>Member/Shareholder</b>	
<u>4.5 George Conway, Trial Attorney</u> <u>US Trustee Office</u> <u>833 Chestnut Street</u> <u>5th Floor</u> <u>Philadelphia PA 19107</u>	Line _____	_____
	<input checked="" type="checkbox"/> Not listed. Explain: <b>Trial attorney-UST</b>	
<u>4.6 J Scott Watson, Esquire</u> <u>24 Regency Plaza</u>  <u>Glen Mills PA 19342</u>	Line _____	<u>4 1 7 5</u>
	<input checked="" type="checkbox"/> Not listed. Explain: <b>JA CUNNINGHAM EQUIP</b>	

Debtor Industrial Food Truck, LLC

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**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.7	<u>Jami Nimeroff, Chapter V Trustee</u> <u>Brown McGarry NIMEROFF</u> <u>Two Penn Center Suite 610</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Trustee</b>	_____
	<u>Philadelphia PA 19102</u>		
4.8	<u>Jennifer Gertsman</u> <u>Gertsman Financial Services LLC</u> <u>127 eLY cRESCENT</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Accounting Service</b>	_____
	<u>Robbinsville NJ 08691</u>		
4.9	<u>Joseph Caracappa, Esquire</u> <u>Jackson Cook Caracappa &amp; Scott</u> <u>Newtown pavillion</u> <u>6 penns Trail suite 202</u> <u>Newtown PA 18940</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Thomas pauly</b>	_____
4.10	<u>Lipsky &amp; Brandt</u> <u>1101 Market St., Suite 2820</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____
	<u>Philadelphia PA 19107</u>		
4.11	<u>Mario Spina</u> <u>114 Belle Arbor Drive</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Member/Shareholder</b>	_____
	<u>Cherry Hill NJ 08034</u>		
4.12	<u>Olympic Steel</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____
4.13	<u>Sarak Son</u> <u>30 E Logan Ave</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Member/shareholdr</b>	_____
	<u>Glenolden PA 19036</u>		

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**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.14	<u>Steven Iliescu</u> <u>538 Carson Terrace</u> <u>Huntingdon Valley PA 19006</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Member/Shareholder</b>	— — — —

Debtor Industrial Food Truck, LLC Case number (if known) 20-13275AMC11v

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. <u>\$6,600.00</u>
5b. Total claims from Part 2	5b. + <u>\$644,115.43</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	<u>\$650,715.43</u>